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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/607,433	
	Filing Date	06/26/2003	
	First Named Inventor	John C. Falligant	
	Art Unit	3751	
	Examiner Name	Jacyna, J. Casimer	
Total Number of Pages in This Submission	5+	Attorney Docket Number	3848-00771

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental IDS Return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph D. Kuborn (Reg. No. 40,689) Andrus, Sceales, Starke & Sawall, LLP
Signature	
Date	4/29/04

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/607,433
Applicant : John C. Falligant et al.
Filed : 06/26/2003
Title : Keyed Anesthetic
Vaporizer Filling
System
TC/A.U. : 3751
Examiner : Jacyna, J. Casimer
Docket No. : 3848-00771

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Veronica K. Haupt Date

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

MAIL STOP: NO FEE
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Sir:

The following references were cited in a Search Report issued in the corresponding European application:

5,293,913
5,505,236
5,617,906
WO 96/0631
EP 0 781 570

This Information Disclosure Statement is accompanied by a PTO Form 1449, in duplicate. Copies of the foreign references are enclosed.

CERTIFICATION OF INFORMATION DISCLOSURE STATEMENT

This certification is being made for the Information Disclosure Statement noted above. The undersigned attorney certifies that each item of information contained in the above information disclosure statement was cited in a communication from a foreign patent

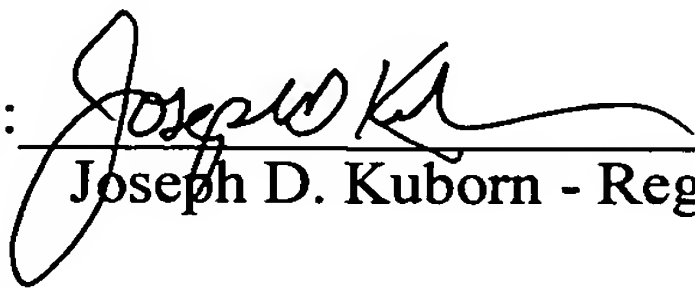
Application No. 10/607,433

office in a counterpart foreign application not more than three months prior to the filing of the statement under 37 C.F.R. 1.97(e)(1).

It is requested that these references be considered and be made of record in this application.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

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Attorney Docket No. 3848-00771



Form PTO-1449	U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. 3848-00771	Appln. No.: 10/607,433
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)		Applicant John C. Falligant et al.	
		Filing Date 06/26/2003	Group Art Unit 3751

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF PPROPRIATE
		5,293,913	03/15/1994	Preszler	141	367	
		5,505,236	04/09/1996	Grabenkort et al.	141	329	
		5,617,906	04/08/1997	Braatz et al.	141	21	

FOREIGN PATENT DOCUMENTS								
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							Yes	No
		WO 96/0631	02/1996	World				
		EP 0 781 570	02/1997	Europe				

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)		

EXAMINER	DATE CONSIDERED
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance <u>and</u> not considered. Include copy of this form with next communication to client.	